

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF \_\_\_\_\_**
**PETITION TO  
☐ TERMINATE ☐ MODIFY  
GUARDIAN FOR DEVELOPMENTALLY  
DISABLED INDIVIDUAL**
**FILE NO.**

In the matter of \_\_\_\_\_, an individual with a developmental disability

1. I, \_\_\_\_\_, am interested in this matter and make this petition as

Name (type or print)

State interest/relationship

2. The developmentally disabled individual's address and telephone number are \_\_\_\_\_

Address

City

State

Zip

Telephone no.

3. The guardian's address is \_\_\_\_\_

City

State

Zip

4. The developmentally disabled individual's presumptive heirs are: (Attach a separate sheet if more space is needed.)

NAME	ADDRESS AND TELEPHONE NUMBER				RELATIONSHIP	AGE/DOB (if minor)
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		

5. The reasons why the court should take action are \_\_\_\_\_

**I REQUEST** that the court:☐ 6. Terminate
☐ a. ☐ all ☐ part of the plenary guardian of the ☐ individual. ☐ estate.

☐ b. ☐ all ☐ part of the partial guardian of the ☐ individual. ☐ estate.
☐ 7. Accept the resignation of the
☐ a. plenary guardian of the ☐ individual. ☐ estate.

☐ b. partial guardian of the ☐ individual. ☐ estate.

☐ c. standby guardian.

(SEE SECOND PAGE)

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

☐ 8. Remove the  
☐ a. plenary guardian of the ☐ individual ☐ estate,  
☐ b. partial guardian of the ☐ individual ☐ estate,  
☐ c. standby guardian,  
who ☐ has ☐ has not been suspended.

☐ 9. Appoint \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as ☐ temporary guardian ☐ successor partial guardian ☐ successor plenary guardian  
of the ☐ individual. ☐ estate.

☐ 10. Appoint \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as standby guardian of the ☐ individual. ☐ estate.

☐ 11. Modify the powers of the ☐ plenary guardian ☐ partial guardian of the ☐ individual ☐ estate as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Attorney signature	_____ Date
_____ Name (type or print)	_____ Petitioner signature
_____ Address	_____ Name (type or print)
_____ City, state, zip	_____ Address
_____ Telephone no.	_____ City, state, zip
	_____ Telephone no.